

# Guidelines for Adult Diabetes Care

Developed by the **New York Diabetes Coalition\***

in collaboration with the New York State Dept. of Health, Diabetes Prevention & Control Program.

Based on the American Diabetes Association Clinical Practice Recommendations.

Visit [www.diabetes.org](http://www.diabetes.org) for full recommendations.



CLINICAL PRIORITIES	A B C ' S	■ A1C ■ Blood Pressure ■ Cholesterol ■ Smoking Status	
		FREQUENCY	GOAL/RECOMMENDATION
<b>HISTORY &amp; PHYSICAL</b>	Blood Pressure <sup>1</sup>	Every Visit	<130/80
	Weight & BMI	Every Visit	Healthy weight=BMI≥18.5 and ≤25. Advise weight reduction to optimize BMI.
	Comprehensive Foot Exam <sup>2</sup>	Annual/3-6 mos. for high risk pts.	Teach protective foot behavior if sensation diminished. Refer to podiatrist if indicated.
	Dilated Retinal Exam	Annual <sup>3</sup>	Detect retinopathy/refer to eye care professional. <sup>3</sup>
	Dental	Every 6 months	Refer to dentist.
<b>LABORATORY*</b>	A1C	Every 3-6 months <sup>4</sup>	<7.0% <sup>5</sup>
	Fasting Lipid Profile <sup>1</sup> Cholesterol	Annual	LDL <100 mg/dl; HDL >40 mg/dl for men, HDL >50 mg/dl for women; Triglycerides <150 mg/dl
	Urine Microalbumin/ Creatinine Ratio <sup>1</sup>	Annual <sup>6</sup>	Check spot urine for albumin and creatinine, calculate ratio. ≥30 ug alb/mg creatinine is abnormal. <sup>7</sup>
	Serum Creatinine	Annual	Estimate glomerular filtration rate (GFR) <sup>8</sup> to stage the level of chronic kidney disease (CKD). See Resource B.
<b>IMMUNIZATIONS</b>	Flu Vaccine	Every autumn	
	Pneumovax	Once	Revaccinate those pts. >65 if initial vaccine given >5 years ago when pt. <65. <sup>9</sup>
<b>COUNSELING &amp; RISK REDUCTION</b>	Tobacco Use	Annual/ongoing	Assess readiness, counsel cessation. See resources A & C.
	Psychosocial Adjustment	Annual/ongoing	Suggest support groups/counsel/refer. Assess for depression. See resource D.
	Sexual Functioning	Annual/ongoing	Discuss functioning and therapy options with both male and female patients.
	Preconception/Pregnancy	Initial/ongoing	Optimize glucose control 3-6 mos. before and during pregnancy, target A1C <6.0%. Refer to high risk program.
	Aspirin Therapy	Ongoing	75-162 mg/day. Consider for all pts. >40 y.o. or with additional CVD risk factors.
	ACE Inhibitor/ARB**	Ongoing	Recommended for any pt. with HTN and microalbuminuria and for pts. >55 y.o. with CVD risk factor in addition to DM. **ARB for pts. unable to tolerate ACE
<b>REVIEW SELF-MANAGEMENT SKILLS</b>	Pt. & Clinician Jointly Set Goals	Initial/ongoing	Refer to diabetes self-management training as needed. <sup>10</sup>
	Physical Activity	Initial/ongoing	Assess and prescribe based on patient's health status. <sup>11</sup>
	Nutrition	Initial/ongoing	If BMI ≥25, advise weight reduction. See resource E.
	Self Monitoring Blood Glucose (SMBG)	Initial/ongoing	Pt. to monitor glucose as necessary to minimize risk of hyper- and hypoglycemic episodes. <sup>12</sup> Review & check patient log book for accuracy.
	Foot Exam	Initial/ongoing	Inspect skin for signs of pressure and breakdown to prevent ulceration and infection.

\***Additional monitoring:** EKG (initial/as indicated: pt. ≥40 y.o. or DM ≥10 yrs), Thyroid Assessment (initial/as indicated, palpation & function), Blood Glucose & Urinalysis (as indicated)

## FOOTNOTES:

<sup>1</sup>Annual review of CVD risk factors.

<sup>2</sup>Use Semmes-Weinstein monofilament & tuning fork.

<sup>3</sup>Type 1: init. exam after 5 yrs. duration, Type 2: at diagnosis. ADA recommends ophthalmologist or optometrist.

<sup>4</sup>2x/yr for stable glycemic control and at goal; 4x yr. if change in therapy or if not meeting glycemic goals.

<sup>5</sup>More stringent goal (A1C<6%) may be considered in individual pts.

<sup>6</sup>Type 1: at time of diagnosis and after 5 yrs. disease duration.

<sup>7</sup>Albumin >20 ug/min in 4 hr. timed urine or >30 mg/24 hr. collection are also abnormal.

<sup>8</sup>Consider referral to physician experienced with diabetic renal disease for GFR <60 ml/min per 1.73 m<sup>2</sup> or uncontrolled HTN or hyperkalemia. Consultation with nephrologist suggested when GFR <30 ml/min per 1.73 m<sup>2</sup>.

<sup>9</sup>Also revaccinate for nephrotic syndrome, chronic renal disease and immunocompromised states.

<sup>10</sup>To locate Certified Diabetes Educator (1-800-832-6874, [www.diabeteseducator.org](http://www.diabeteseducator.org)) or Registered Dietitian ([www.eatright.org](http://www.eatright.org))

<sup>11</sup>ADA, American Heart Association & American Cancer Society advise walking 30 minutes/5 days per week.

<sup>12</sup>Recommend postprandial testing (goal <180 mg/dl) when A1C levels are not optimal but fasting/pre-meal targets are being met.

- These guidelines are minimum recommendations and are not intended to replace the clinical judgment of health care providers.

## RESOURCES:

**A. Smoking Cessation Counseling:**

<http://www.nyhpa.org/pdf/SmokingCessationGuideline.pdf>

<http://www.nyhpa.org/pdf/GuideYourPatients.pdf>

<http://www.surgeongeneral.gov/tobacco/tobaqrg.htm>

**B. GFR Calculator:** <http://www.medcalc.com/gfr.html>

Pocket-PC calculator download

<http://www.kidney.org/professionals/kdoqi/cap.cfm>

Stages of Chronic Kidney Disease

[www.kidney.org/professionals/kdoqi/guidelines\\_ckd/p4\\_class\\_g2.htm](http://www.kidney.org/professionals/kdoqi/guidelines_ckd/p4_class_g2.htm)

**C. NYS Smokers' Quiltline:** 1-866-NYQUITTS (697-8487), [www.nysmokefree.com](http://www.nysmokefree.com).

**D. MacArthur Depression Screening and Management Toolkit:**

[www.depression-primarycare.org/clinicians/toolkits/full](http://www.depression-primarycare.org/clinicians/toolkits/full)

**E. ADA Nutrition Principles:**

[http://care.diabetesjournals.org/cgi/content/full/27/suppl\\_1/s36](http://care.diabetesjournals.org/cgi/content/full/27/suppl_1/s36)